



FEE: \$100

**TOWN OF AMHERST
SPECIAL LICENSE
ALL ALCOHOLIC APPLICATION**

To the Licensing Authorities:

Date: 1/29/10

The undersigned hereby applies for a Special License – All Alcoholic in accordance with the provisions of the Statutes relating thereto:

NAME: AMHERST HURRICANE BOOSTERSCOMPANY: MONTÉ CARLO NIGHTADDRESS: 200 TRIANGLE STCONTACT: ROY JOHNSONTELEPHONE: 413-237-7757DAY(S) APPLIED FOR: 3/13/10 SNOW DATE 3/14/10PREMISES TO BE LICENSED: VALENTINE HALL AMHERST COLLEGE
AMHERST, MAHOURS OF OPERATION: 6:30 PM - 12 MIDNIGHTTYPE OF EVENT: FUND RAISER FOR HIGH SCHOOL ATHLETICS

RESTRICTIONS ON SPECIAL LICENSE – ALL ALCOHOLIC

1. All beverages shall be served in paper cups and consumed from the same. No bottles or cans can be served.
2. The provisions of the Town's Noise By-Law will be administered in the event there are complaints of excessive noise in connection with the event.
3. Advertising of the event is to be restricted to the Town of Amherst and the Five College Community. No advertising is to take place in any public school.

LIABILITY DISCLAIMER FOR SPECIAL LICENSE – ALL ALCOHOLIC

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgement that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal advisor. The Town of Amherst, and the Select Board as Local Licensing Authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

Signature of Applicant: Roy Johnson

An appointment must be made to meet with the Police Chief (259-3014) before submitting this application to the Select Board's Office. After approval, return application to the Select Board's Office, 4 Boltwood Avenue, Amherst, MA 01002

Approved: [Signature] 1 2/3/2010
Chief of Police Date

Date Select Board Approved/Denied: _____ License #: _____

Remarks: _____